

INCIDENT	Type of Incident:			Reported:      Date      Day      Time		
	Location: (Street, Apt., City, State)			Occurred      From Date/Time      to Date/Time		
	Business Name			Date Cleared		<input type="checkbox"/> Unfounded <input type="checkbox"/> Cleared Exceptionally
	Exceptional Clearance Categories (Check one if exceptionally cleared above) <input type="checkbox"/> C - Extradition Declined <input type="checkbox"/> D - Victim Refused To Cooperate <input type="checkbox"/> E - Juvenile/No Custody			<input type="checkbox"/> A - Death of Offender <input type="checkbox"/> B - Prosecution Declined <input type="checkbox"/> F - Administratively Closed		
COMPLAINANT	If complainant is the victim, skip this section and complete Person/Business Section.					
	Complainant Name: (Last, First, Middle)			DOB		Age:      Sex: <input type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Female
	Residence Address (Street, Apt, City, State, Zip)					
	Home Phone:		Business Phone		Cell Phone:      Pager #	
OFFENSES	Type(s) of Offense:		For Records Use Only	See Keys Below		
			UCR Code	Type of Criminal Activity	Charge Status	Location Description      Hate / Bias
	1.				A C O T	Y / N
	2.				A C O T	Y / N
	3.				A C O T	Y / N
	4.				A C O T	Y / N
	5.				A C O T	Y / N
	Type of Criminal Activity:      B - Buying / Recvg.      C - Cultivating / Manufg. / Publishing      D - Distributing / Selling      E - Exploding Children S Suspicion / Conspiracy      I - Poss. W/ Int. to Deliver      O - Operating / Promoting / Assisting      P - Possessing / Concealing      T - Transport/Transmit/Import					
	Key for Charge Status:      A - Attempted      C - Completed      O - Ongoing      T - Threat of Force					
	Key for Location Description of Offense:					
	01 Air/Bus/Train Terminal      08 Dept/Discount Store      16 Lake/Waterway      24 Specialty Store (TV, Fur, etc.)      94 Victim's Temp Lodging 02 Bank/Savings Loan      09 Drug Store/Dr. Ofc./Hosp      17 Liquor Store      26 Shopping Mall      95 Offender's Temp Lodging 03 Bar/Night Club      10 Field/Woods      18 Parking Lot / Garage      27 Outbuildings      96 Other Temp Loding 04 Church/Synag/Temple      11 Gov't/Public Bldg.      19 Rental Storage Facility      90 Park      97 Victim's Residence 05 Commercial/Office Bldg      12 Grocery / Supermkt      21 Restaurant      91 Victim's Vehicle      98 Offender's Residence 06 Construction Site      13 Highway/Road/Alley      22 School/College      92 Offender's Vehicle      99 Other Residence 07 Convenience Store      15 Jail / Prison      23 Service/Gas Station      93 Other Vehicle      25 Other / Unknown					
	Weapons: (✓ up to 3) <input type="checkbox"/> 11 Firearm <input type="checkbox"/> 15 Other Firearm <input type="checkbox"/> 35 Motor Vehicle <input type="checkbox"/> 65 Fire / Incendiary Device <input type="checkbox"/> 95 Unknown <input type="checkbox"/> 12 Handgun <input type="checkbox"/> 16 Pellet / BB Gun <input type="checkbox"/> 40 Personal Weapons <input type="checkbox"/> 70 Drugs/Narcotics/Sleep. Pills <input type="checkbox"/> 99 None <input type="checkbox"/> 13 Rifle <input type="checkbox"/> 20 Knife / Cutting Instrument <input type="checkbox"/> 50 Poison <input type="checkbox"/> 85 Asphyxiation <input type="checkbox"/> 14 Shotgun <input type="checkbox"/> 30 Blunt Object <input type="checkbox"/> 60 Explosives <input type="checkbox"/> 90 Other					
	If any weapon used was an AUTOMATIC, indicate numbers here: _____ / _____ / _____					
	Subject suspected of Using: (✓ as many as apply) <input type="checkbox"/> A - Alcohol <input type="checkbox"/> C - Computer Equipment <input type="checkbox"/> D - Drugs <input type="checkbox"/> N - Not Applicable					
	Burglary: <input type="checkbox"/> Force <input type="checkbox"/> No Force      Hotel / Storage - # of units entered _____					
Gang Related? <input type="checkbox"/> Yes <input type="checkbox"/> No      DVO Related? <input type="checkbox"/> Yes <input type="checkbox"/> No						
ROUTING	<input type="checkbox"/> Burglary Log <input type="checkbox"/> Entered NCIC <input type="checkbox"/> SLAB		Additional Routing Requests: PSLO____ Gang____ DTF____ BCDHS____ P&P____ Training____ Other____			
	<input type="checkbox"/> Index/Return <input type="checkbox"/> "O" File		Copies were made and routed to: PSLO____ Gang____ DTF____ BCDHS____ P&P____ Training____ Other____ Intake____ DA____ Muni Court____			
	Read & Approved By:		CPO Copies: DT____ FH____ Howe____ Imp____ Jeff____ Nico____ NE____ Tank____ Wash____			
	Person Taking Report (print)      Comp. #		Assigned By:		Assigned to: <input type="checkbox"/> In Case Log	
Date Report Entered:						
Case#						